



New Member Information Form
(Please print clearly!)

Name: _____ Sponsored By: _____

Business Name: _____

Business Address: _____

Phone: _____ Email: _____

Business website: _____

Type of Business: _____

Brief description of the service or product you provide: _____

How long have you owned or been with this business? _____

What do you hope to gain from the group? _____

What do you expect to contribute to the group? _____

What memberships do you have in other organizations? (Chamber of Commerce, Referral/Networking groups, charitable)

If you belong to another business referral networking group, would you be willing to belong to the CAPE BN exclusively?

Yes No

Please provide several business references (name, relationship, phone number):

Have you ever been convicted of a felony? _____

Please attach a copy of your business license Please attach a copy of signed Member Indemnification Agreement



MEMBER INDEMNIFICATION AGREEMENT

I, _____, owner/member/employee of the business known as _____, understand and agree that I will hold harmless and indemnify Cape Business Network and all of its members from any liability, damages or responsibility related to any work I perform for clients referred to me as a result of my membership in Cape Business Network.

I do hereby waive, release and forever discharge any and all rights and/or claims for damages that may occur out of or in any way connected with my being a member of Cape Business Network.

Dated: _____ (SEAL)

MEMBER

PRINTED NAME: _____